

Constable
of Ward/District 4
Des Allemands (City, Parish) Louisiana

Financial Statements
As of and for the Year Ended December 31, 2006

Required by Louisiana Revised Statutes 24:513 and 24:514 to
Be filed with the Legislative Auditor
Within 90 days after the close of the fiscal year.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) P. J. Rogers, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of St. Charles Parish, Louisiana, as of December 31, 2006, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) P. J. Rogers, who duly sworn, deposes, and says that the Constable of Ward/District 4 and St. Charles Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2006, and accordingly, is not required to have an audit or a review/attestation for the previously mentioned fiscal year.

P. J. Rogers
Signature

Sworn to and subscribed before me, this 28th day of February, 2007.

NOTARY PUBLIC

LLOYD JOSEPH FRICKEY
NOTARY PUBLIC
PARISH OF ST. CHARLES
ID#15308

Constable's Name
Street or P.O. Box
City
Zip Code
Telephone Number
Fax Number / Email

Please Complete this Section:

P. J. Rogers, Jr.

P.O. Box 214

Des Allemands, La.

70030

985-758-7778

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 3/14/07

Statement B
(Required)

P. J. Rogers, Jr. (Your Name)
Constable
of Ward / District 4
St Charles Parish, Louisiana
Des Allemands, La.

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2006

CASH RECEIPTS:

1. State salary supplement *(required if received)*
2. Parish salary received *(required)*
3. Garnishments collected (only if applicable)
4. Fees collected (only if collected)
5. Other (explain)
6. **Total cash receipts** (add lines 1 - 5)

General Fund	Garnishment Fund (if applicable)
1. <u>900.00</u>	
2. <u>5,806.58</u>	
3. _____	
4. <u>3,125.00</u>	
5. _____	
6. <u>9,831.58</u>	

CASH DISBURSEMENTS:

7. Operating expenses (cost of fax line, etc)
8. Materials and supplies (stationery, postage, etc)
9. Travel and other charges
 - 9a. For yourself
 - 9b. For employees (only if applicable)
10. Capital outlay (cost of purchases of equipment, etc)
11. Garnishments paid to others [Out of total collected in # 3]
12. **Total office disbursements** (add lines 7 -11)
13. Available Balance (loss) (line 6 less line 12)

7. _____	
8. _____	
9. <u>3,525.00</u>	
9a. _____	
9b. _____	
10. _____	
11. _____	
12. <u>3,525.00</u>	
13. <u>6,306.58</u>	

Salary and related benefits:

14. Amount retained by yourself from line 13 as salary
15. Amount paid to employees (if applicable)
16. **Total salaries paid** (add lines 14 and 15)
17. Increase (decrease) in fund balance - may be \$0
(line 13 less line 16)
18. Fund Balance at beginning of the year - may be \$0
(Ending Fund balance from last year's report)
19. Fund balance (deficit) at end of the year - may be \$0
(Add lines 17 and 18)

14. _____	
15. _____	
16. _____	
17. <u>6,306.58</u>	
18. _____	
19. _____	